POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*My*	*67824*	*4/15/10*
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim		Date										Claim		Date										Claim		Date								
Final	Original											Final	Original											Final	Original									
①	1	✔	✔	✔	✔	✔							51												101									
	2	✔		✔	O	D							52												102									
	3		✔	O	O	o							53												103									
	4		✔			O							54												104									
	5		✔			O							55												105									
	6		✔			O							56												106									
	7		✔			O							57												107									
	8		✔			c							58												108									
	9		✔			c							59												109									
	10		✔			c							60												110									
	11		✔	O	O	O							61												111									
⑫	12		✔	⊾	✔	✔							62												112									
	13		✔		✔	✔							63												113									
	14		✔		✔	✔							64												114									
	15		✔		✔	✔							65												115									
	16		✔		✔	✔							66												116									
	17		✔		✔	✔							67												117									
	18		✔	⊾	O	O							68												118									
⑲	19		✔		✔	✔							69												119									
	20	✔	✔		✔	✔							70												120									
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If more than 150 claims or 10 actions
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